



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BOARD OF ACUPUNCTURE LICENSING

STATE OFFICE PARK SOUTH  
129 PLEASANT STREET, BROWN BUILDING, CONCORD, NH 03301-3857  
603-271-0853 FAX: 603-271-5590 TDD Access: 1-800-735-2964

John A. Stephen  
Commissioner

Mary Castelli  
Senior Division Director

Dear Licensee;

Enclosed is an application for renewal of your acupuncture license. Please fill it out completely and legibly. Return it to the above address together with payment of **\$225.00** (of which \$25.00 is a nonrefundable application fee).

**PLEASE NOTE THE FOLLOWING:**

- Your application must be filed **AT LEAST 30 DAYS PRIOR** to your license expiration date. Submissions received later than that date may result in **TEMPORARY SUSPENSION** of your right to practice acupuncture.
- Failure to submit your renewal application **BY THE DATE OF YOUR ACTUAL LICENSE EXPIRATION** will result in the **TERMINATION** of your licensure.
- Continuing education activities must be completed **BY THE DATE OF LICENSE EXPIRATION**, unless an extension has been applied for and granted by the Board. During the extension period a licensee may **NOT** practice acupuncture.

Also, please note that you are required to furnish **proof** of continuing education activities, whether they are course CEUs or Professional Development Activity points. If you have questions in this area, the Guidebook should give you the information you need. For further information, you may also refer to the copy of the New Hampshire Code of Administrative Rules (Chapter Acp 400), which was sent to you when you became a licensee.

Only a wallet-sized card will be reissued with your updated license expiration date. This must be used in conjunction with your original wall certificate (which is required to be permanently displayed in your office).

If you have any further questions about the renewal process or application please contact this office at (603) 271-0853 between 8:00 a.m. and 3:30 p.m.

Sincerely,

NH Board of Acupuncture Licensing



**Board of Acupuncture Licensing**  
**Department of Health and Human Services**  
**Office of Operations Support**  
**129 Pleasant Street, Brown Building**  
**Concord, NH 03301-3857**  
**(603) 271-0853**

Application for License Renewal

Instructions: All applicants for licensure renewal are required to fill out this application. Please type or print clearly in black ink and complete all of the questions. Make a copy of your completed application for your own records. Return the application to the address above along with all other required materials and a check or money order for \$225.00 payable to "Treasurer, State of NH." This includes a \$25.00 nonrefundable application fee. **The application must be submitted no later than 30 days prior to the date of license expiration.**

\*You are required by law to provide current updated business address to the NH Board of Acupuncture Licensing. Please review your personal and business information below and make any changes needed.

License #: \_\_\_\_\_ Expiration: \_\_\_\_\_

\*Review your personal and business information below and make changes if necessary:

**NAME:**

<b>Last</b>	<b>First</b>	<b>MI</b>

**RESIDENTIAL MAILING ADDRESS:**

<b>Street &amp; Number/PO Box</b>		<b>Street &amp; Number/PO Box</b>	
<b>City/Town</b>		<b>State</b>	<b>Zip Code</b>

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PRINCIPAL BUSINESS ADDRESS:**

<b>Name of Business/Street &amp; Number/PO Box</b>		<b>Street &amp; Number/PO Box</b>	
<b>City/Town</b>		<b>State</b>	<b>Zip Code</b>

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**ADDRESSES OF ALL OTHER PLACES OF BUSINESS:**




2. **PLEASE ANSWER THE FOLLOWING QUESTIONS.** Check "yes" or "no" to questions A through H below regarding the previous 2 year period. Any "yes" response must be fully explained by written statement on separate sheets of paper as needed, signed, and dated, and enclosed with your application for renewal. Make sure that you describe the circumstances and your role completely, and include place, dates involved, a detailed description of the issue, and how it was or is being resolved. Attach additional 8.5" by 11" sheets as necessary to describe other incidents or to provide further information. A "yes" answer does not automatically constitute grounds for denying a license renewal, but it is essential that the circumstances be explained truthfully and in detail.

- A. Has any malpractice claim been made against you regardless of whether a lawsuit was filed in relation to the claim? \_\_\_ YES \_\_\_ NO
- B. Have you been denied an acupuncture license/certificate/registration anywhere for any reason? \_\_\_ YES \_\_\_ NO
- C. Have you had employment or appointment in a hospital, clinic or other health care facility suspended, or resigned from a health care facility in lieu of being subject to a disciplinary action? \_\_\_ YES \_\_\_ NO
- D. Are any formal disciplinary charges pending or has any disciplinary action been taken against you by any acupuncture or medical board, any health care facility, or any professional acupuncture association, whether international, national, state or local? \_\_\_ YES \_\_\_ NO
- E. Have you voluntarily surrendered a license to practice acupuncture or other healing art in lieu of facing disciplinary action? \_\_\_ YES \_\_\_ NO
- F. Have you been convicted of a crime involving violence, abuse, fraud, dishonesty, or drugs? \_\_\_ YES \_\_\_ NO
- G. Have you had a professional license in a field other than acupuncture that has been revoked, suspended or otherwise terminated on disciplinary grounds, or are there any disciplinary actions currently pending against you in relation to any professional license you hold or have held? \_\_\_(YES) \_\_\_(NO)
- H. Have you had an emotional disturbance or mental illness, an organic illness, or an addictive disorder which impaired your ability to practice acupuncture or to function as an acupuncture student? (If so, describe treatment and outcome of treatment.) \_\_\_(YES) \_\_\_(NO)

3. **CONTINUING EDUCATION REQUIREMENTS:**

*Terms: CEU = continuing education units. PDA = professional development activities*

List below courses or professional activities, equivalent to thirty (30) continuing education units, which you have completed for the two-year period beginning with the date of your last New Hampshire licensure. (Attach additional page if necessary.)

**NOTE: you must include copies of the documentation that supports those CEUs.**

**NOTE: You may carry over CEUs earned in excess of 30 to the next 2 year period ONLY.**

*New Hampshire Board of Acupuncture Licensing Code of Administrative Rules section Acp 402.01:*

- (a) Each licensee shall complete 30 board approved units of PDAs for each 2 year renewal period
- (b) Any units in excess of the 30 unit requirement earned during a 2 year renewal period shall be applied to fulfill the continuing education requirement of the following renewal period.
- (c) Any excess PDAs carried forward under Acp 402.01 (b) shall not be carried forward into subsequent biennia.

**COURSES with approved CONTINUING EDUCATION UNITS**

**Be sure to list sponsoring institution or state board approving the activity for CEUs.**

*Refer to the New Hampshire Board of Acupuncture Licensing Code of Administrative Rules 402.04 and 402.05 requirements for approval of continuing education courses.*

Course Title & Subject	Dates	Instructor	Sponsor / Approving Board	# of CEU's



**PROFESSIONAL DEVELOPMENT ACTIVITIES**

Research, publication, teaching, supervising a clinic, supervised observation or practice, etc.

Refer to the New Hampshire Board of Acupuncture Licensing Code of Administrative Rules 402.03 for acceptable professional activities and the points earned for each activity.

Type of activity	Dates	Institution/Publisher	# of PDAs

Total from above CURRENT 2 year period course CEUs: \_\_\_\_\_ and PDAs: \_\_\_\_\_ = \_\_\_\_\_.

If over 30, points in excess you will carry over to NEXT 2 year period = \_\_\_\_\_.

If under 30, you have not met the requirement, or you will need to use excess points from PREVIOUS 2 year period.

If you have any, list here \_\_\_\_\_. Total current & previous = \_\_\_\_\_.

**4. CURRENT PRACTICE:**

Are you currently actively practicing acupuncture in New Hampshire? \_\_\_\_\_ (YES) \_\_\_\_\_ (NO)

Are you currently actively practicing acupuncture in another state? \_\_\_\_\_ (YES) \_\_\_\_\_ (NO)

**5. NCCAOM CERTIFICATION:**

I affirm that I am currently NCCAOM certified. \_\_\_\_\_

Signature

**NOTE:** Your certification status with the NCCAOM is either Active or Inactive. ACTIVE STATUS requires that you have practiced Acupuncture with at least 250 patient visits completed in twelve (12) consecutive months over the past four (4) years; it also requires that you have earned sixty (60) or more Professional Activity points in the preceding four years.

If you do not have enough patient visits or PDAs as described above, the NCCAOM allows an INACTIVE STATUS for a maximum of two (2) years.

Do you hold **active** NCCAOM status? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give expiration date: \_\_\_\_\_

Do you hold **inactive** NCCAOM status? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give dates and explanation: \_\_\_\_\_

**6. STATEMENT OF APPLICANT:**

I have complied with the continuing education requirements of NH acupuncture licensure renewal and have attached appropriate proof of such.

I hereby certify that all statements made in this application and all information and documentation submitted in connection with this application are, to the best of my knowledge, true, accurate, complete, and unaltered. I understand that misstatements and omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license, or other appropriate disciplinary action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NH Acupuncture License Number: ACP \_\_\_\_\_